



## Freedom of Information Request Form

DATE \_\_\_\_\_

(Please Print)

Name (Mr., Mrs., Ms.): \_\_\_\_\_

Company Name: \_\_\_\_\_

Company Address: \_\_\_\_\_

City, State, Zip Code: \_\_\_\_\_

Telephone #: \_\_\_\_\_

Under the Freedom of Information Act (FOIA), I would like to review and/or copy all available files for the following:

Facility	Address	County
----------	---------	--------

_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Request should be mailed or faxed to the FOI Office, SC DHEC, 2600 Bull St., Columbia, S.C. 29201; Telephone (803) 898-3882; Fax (803) 898-3816.

### FOR OFFICE USE ONLY:

RESEARCH TIME: \_\_\_\_\_ TOTAL # OF COPIES \_\_\_\_\_

TOTAL COST: \_\_\_\_\_ DATE MAILED AND/OR PICKED-UP \_\_\_\_\_